

3683

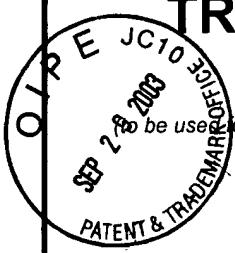
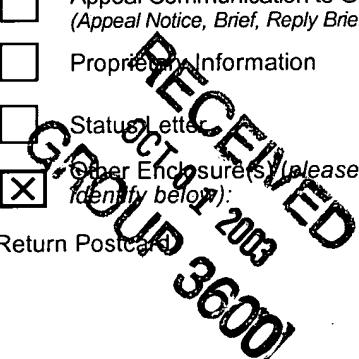
Please type a plus sign (+) inside this box → **+**

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

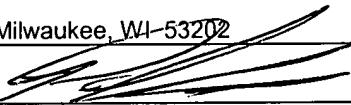
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 <b>TRANSMITTAL FORM</b> <i>(SEP 28 2003 be used for all correspondence after initial filing)</i>		Application Number	09/769,590
		Filing Date	01/25/01
		First Named Inventor	Edmund W. Brown
		Group Art Unit	3683
		Examiner Name	M. C. Graham
Total Number of Pages in This Submission		Attorney Docket Number	328.002
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks <div style="text-align: right; font-size: small;">  </div>			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Peter C. Stomma, Reg. No. 36,020 Boyle Fredrickson Newholm Stein & Gratz, S.C. 250 East Wisconsin Avenue, Suite 1030 Milwaukee, WI 53202
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Signature	
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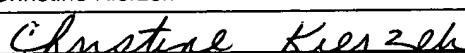
Date	9/26/03
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I hereby certify that this correspondence is being transmitted via facsimile (703) 308-3519 - Examiner Matthew C. Graham, U.S. Patent and Trademark Office, Washington, D.C. 20231 on the date shown below.

09/26/2003

Type or printed name	Christine Kierzek
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Signature		Date	09/26/2003
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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)-0-

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None  
 Applicant Claims small entity Status. See 37 CFR 1.27  
 Deposit Account

Deposit Account Number: 50-1170  
 Deposit Account Name: Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**=	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3**=	X	X	=
Multiple Dependent				=

## Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\* or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	09/769,590
Filing Date	01/25/01
First Named Inventor	Edmund W. Brown
Examiner Name	M.C. Graham
Group Art Unit	3683
Attorney Docket No.	328.002

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Paid
105	130	205	65	Surcharge – late filing fee or patent application		
127	50	227	25	Surcharge – late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for examination or reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	400	216	200	Extension for reply within second month		
117	920	217	460	Extension for reply within third month		
118	1,440	218	720	Extension for reply within fourth month		
128	1,960	228	980	Extension for reply within fifth month		
119	320	219	160	Notice of Appeal		
120	320	220	160	Filing a brief in support of an appeal		
121	280	221	140	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive – unavoidable		
141	1,280	241	640	Petition to revive – unintentional		
142	1,280	242	640	Utility issue fee (or reissue)		
143	460	243	230	Design issue fee		
144	620	244	310	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Processing fee under 37 CFR 1.17(q)		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
179	740	279	370	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Peter C. Stomma		Registration No. (Attorney/Agent)	36,020	Telephone	(414) 225-9755
Signature			Date	9/20/03		

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